



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Idaho Infant Toddler Program Video/Audio/Photo Consent Form

I, _____, hereby voluntarily grant my permission to the Idaho Department of Health and Welfare (IDHW) Infant Toddler Program, its employees and representatives to prepare, obtain, reproduce, distribute and otherwise use:

<input type="checkbox"/> Video	<input type="checkbox"/> Photographs
<input type="checkbox"/> Audio	<input type="checkbox"/> Family Story
<input type="checkbox"/> Other: _____	

(please check and initial for each consent)

of my child/family _____. This can include use in service delivery (assessment and consultation), printed materials, videos, or web sites. In addition, I hereby waive, on behalf of myself, my heirs, representatives and estate, any and all claims I may have now or in the future arising from use by IDHW Infant Toddler Program, its employees and representatives of recordings and other personally identifying reproductions of my child/family.

Parent/Guardian: At any time, you can refuse to be photographed, audio and video recorded. You can also revoke this authorization. To revoke authorization, you must deliver a written and signed statement to the Infant Toddler Program local office near your home or the address above.

The Infant Toddler Program will not withhold services if you refuse to sign this authorization.

Date

Parent or Guardian Signature

Name of Child

Address

City,

State,

ZIP